Although the risk of ventricular arrhythmia (VA) did not show significant difference in our study, that and the prevention of ventricular remodeling process are 2 possible mechanisms by which MRA extends its benefit in survival.\(^2\) One reason why it did not show benefit in VA could be the lack of reporting by all studies on the VA outcome.

Finally, we believe that based on the available data, MRA treatment appears to be beneficial to treat patients with STEMI. However, we agree with Dr Weir that owing to the post hoc nature of analysis in the ALBATROSS study for STEMI subgroup,\(^2\) this should be further tested and verified in future dedicated randomized clinical trials in this population of interest.

### Conflict of Interest Disclosures: No conflict of interest for all authors.


### CORRECTION


**Caution Advised for Readers of Comments Related to Retracted Article:** The Corrected Research Letter titled "First Foods Most: After 18-Hour Fast, People Drawn to Starches First and Vegetables Last," was retracted on September 19, 2018. An Invited Commentary was published prior to the Retraction notice. This formal Correction notice is published to alert readers and remind them to not rely on the subsequently retracted article.


**Numeric Errors in Table I:** In the Original Investigation titled "Dialysis Initiation and Mortality Among Older Veterans With Kidney Failure Treated in Medicare vs the Department of Veterans Affairs," published online April 9, 2018, and in the May print edition of JAMA Internal Medicine, the values listed in the Race category of column 5 were in error. The values in No. (%) for White, Black, Other, and Missing should have been 2490 (84.0), 259 (8.7), 188 (6.3), and 29 (1.0), respectively. The article has been corrected online.